## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

appropriate. All further on indicated unless correcte maintenance fee notificati	d below or directed oth	g the Patent, advance of erwise in Block I, by (a	specifying a new corres	pondence address;	and/or (b) indicating a sep	arate "FEE ADDRESS" for
Fig. 1. See Electric Control of the				ote: A certificate of mailing can only be used for domestic mailings of the ee(s) Transmittal. This certificate cannot be used for any other accompanying upers. Each additional paper, such as an assignment or formal drawing, must live its own certificate of mailing or transmission.		
23909	7590 07/26/			Cert	ificate of Mailing or Tran	smission
COLGATE-PALMOLIVE COMPANY 909 RIVER ROAD PISCATAWAY, NJ 08855				es Postal Service wi essed to the Mail smitted to the USPT	th sufficient postage for fit Stop ISSUE FEE address O (571) 273-2885, on the	g deposited with the United st class mail in an envelope above, or being facsimile date indicated below.
					<del> </del>	(Depositor's name)
						(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/672,815	10/672,815 09/26/2003		Robert A. Moskovich	7127-00		8916
TITLE OF INVENTION	: FLEXIBLE TOOTHBE	RUSH HEAD				<del></del>
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE		
nonprovisional	NO	\$1400	\$300	\$0	\$1700	10/26/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS			
SPISICH, MARK		1744	015-167100			
. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			or agents OR, alternative (2) the name of a single registered attorney or a	it o 3 registered patent attorneys tively.  gle firm (having as a member a agent) and the names of up to lorneys or agents. If no name is		
PLEASE NOTE: Unl recordation as set forth (A) NAME OF ASSIG	ess an assignee is identi h in 37 CFR 3.11. Comp	fied below, no assigned bletion of this form is NO	THE PATENT (print or type data will appear on the part a substitute for filing and (B) RESIDENCE: (CITY	atent. If an assigne assignment.  and STATE OR Co		document has been filed for
Please check the appropri	iate assignee category or	categories (will not be pr	rinted on the patent):	Individual 🖾 Co	rporation or other private g	roup entity Government
	are submitted: lo small entity discount p	permitted)	<ul> <li>b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-2455 (enclose an extra copy of this form).</li> </ul>			
a. Applicant claim	tus (from status indicated s SMALL ENTITY statu d Publication Fee (if requ	is. See 37 CFR 1.27.			L ENTITY status. See 37 (	CFR 1.27(g)(2). the assignee or other party in
nterest as shown by the r	records of the United Sta	tes Patent and Trademark	Office.			
Authorized Signature	Jee (	200		Date Augu	st 30, 2007	
Typed or printed name		Wallace, Jr.		Registration No		
This collection of inform in application. Confident submitting the completed his form and/or suggesti Box 1450, Alexandria, V	ation is required by 37 C tiality is governed by 35 I application form to the ons for reducing this but irginia 22313-1450. DO	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR (	on is required to obtain or r 1.14. This collection is est depending upon the indive e Chief Information Office COMPLETED FORMS TO	ctain a benefit by the imated to take 12 m idual case. Any cor rr, U.S. Patent and 1 D THIS ADDRESS.	e public which is to file (an inutes to complete, includ mments on the amount of the frademark Office, U.S. De SEND TO: Commissione	nd by the USPTO to process) ing gathering, preparing, and ime you require to complete partment of Commerce, P.O. r for Patents, P.O. Box 1450,

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.